PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CJS CO-77-32

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			43				ĺ	RATE	FEE	7	RATE	FEE	
FOR '			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGE	ABLE CLAIMS	43 minus 20=		.23			X\$ 9=		OR	X\$18=	414	
INDEPENDENT CLAIMS			5 minus 3 = 0					X43=		OR	. X86=	172	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT]	+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2	(TOTAL		OR	TÓTAL	1256	
CLAIMS AS AMENDED - ART						(Column 3))	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BEA OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 43	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	• 5	Minus			<u> </u>		X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4.45	. :		.200		
٠		٠.					+145=	•	OR	+290=			
										OR	ADDIT. FEE		
·		(Column 1) CLAIMS		(Colun		(Column 3)	,			! 1			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA		RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	· i	=]	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	**		=	1	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		J	+145=		OR	+290 <u>÷</u>		
	•	•						TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	\ ^	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	·	=		X\$ 9=		OR	X\$18=		
	Indep ndent	*	Minus	***		2		X43=		OR	X86=		
	FIRST PRESE	ľŀ											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		mber Previously Paid ber Previously Paid							ropriate box	in col	umn 1.		